

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

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PM 7-19-10
2010 JUL 20 AM 8:49

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Michael J. Reasoner

Political Party (if applicable)

Democratic

Office Sought

State Representative

District (if Senate or House)

95

**FORM
DR-2**

(Rev. 12/2009)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1343

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Mike Reasoner

641-782-2693

7-18-10

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A July 19, 2010

(report date)

REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 3,857.63

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

3,531.45

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL..... \$ 7,389.08

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

166.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 7,223.08

****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... \$ 0.00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)..... \$ 100.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... \$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6-4-10	ID# 6070 CK# 3940	Iowa LawPAC 625 East Court Avenue Des Moines, Iowa 50309		\$ 250.00	<input type="checkbox"/>
6-7-10	ID# CK#	William Morain 901 West Main Street Lamoni, Iowa 50140		100.00	<input type="checkbox"/>
6-26-10	ID# CK#	Anthony Double 604 North Walnut Street Creston, Iowa 50801		200.00	<input type="checkbox"/>
6-29-10	ID# 6118 CK# 5039	Iowa Optometric Association PAC 6150 Village View Drive, Suite 105 West Des Moines, Iowa 50266		250.00	<input checked="" type="checkbox"/>
6-29-10	ID# 6059 CK# 3453	Iowa Committee of Automobile Retailers 1111 Office Park Road West Des Moines, Iowa 50265		200.00	<input checked="" type="checkbox"/>
6-29-10	ID# CK#	Mona Bond 2818 West 1st Street Ankeny, Iowa 50023		250.00	<input checked="" type="checkbox"/>
6-29-10	ID# CK#	Mary Braun 7701 Harbach Blvd Clive, Iowa 50325		50.00	<input checked="" type="checkbox"/>
6-29-10	ID# 6498 CK# 1957	WellPAC 636 Grand Avenue, Station 13 Des Moines, Iowa 50309		500.00	<input checked="" type="checkbox"/>
6-29-10	ID# 6058 CK# 4705	Iowa Chiropractic Society PAC 100 East Grand Avenue, Suite 240		100.00	<input checked="" type="checkbox"/>
7-2-10	ID# 6400 CK# 1501	Iowa Restaurant Association 8525 Douglas Avenue, Suite 47 Des Moines, Iowa 50322		125.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 2,025.00	
TOTAL (if last page of this schedule)				\$ 2,025.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

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7-2-10	ID# 6162 CK# 1501	Iowa Agribusiness Employees PAC 900 Des Moines Street Des Moines, Iowa 50309		\$ 250.00	<input checked="" type="checkbox"/>
6-29-10	ID# CK#	Dale Neas 429 South Temple Street Osceola, Iowa 50213		20.00	<input type="checkbox"/>
6-29-10	ID# 9038 CK# 1093	Clarke County Democrats Murray, Iowa 50174		100.00	<input type="checkbox"/>
6-29-10	ID# CK#	Don Reasoner 413 McPherson Street Osceola, Iowa 50213		40.00	<input type="checkbox"/>
6-26-10	ID# CK#	Christine Mansour 1203 North Birch Street Creston, Iowa 50801		100.00	<input type="checkbox"/>
6-26-10	ID# CK#	Patricia Mullin 1205 Clayton Road Creston, Iowa 50801		50.00	<input type="checkbox"/>
6-26-10	ID# CK#	Jean Benoit 1713 South Port Road Creston, Iowa 50801		100.00	<input type="checkbox"/>
6-26-10	ID# CK#	Margaret Weisshaar 803 East Prairie Street Creston, Iowa 50801		25.00	<input type="checkbox"/>
6-26-10	ID# CK#	Oliver Houston 200 East 10th Street Lamoni, Iowa 50140		250.00	<input type="checkbox"/>
6-26-10	ID# CK#	James McGrath P.O. Box 212 Afton, Iowa 50830		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 985.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6-26-10	ID# CK#	Kathleen Britten 3345 Nevada Avenue Creston, Iowa 50801		\$ 25.00	<input type="checkbox"/>
6-26-10	ID# CK#	Patrick Schlapia 404 South Park Street Creston, Iowa 50801		25.00	<input type="checkbox"/>
6-29-10	ID# CK#	Dorothy Fauser P.O. Box 68 Elgin, Iowa 52141		50.00	<input type="checkbox"/>
7-3-10	ID# CK#	William Norman 718 West Main Street Lamoni, Iowa 50140		20.00	<input type="checkbox"/>
7-3-10	ID# CK#	Edward Harvey 109 West Montgomery Street Creston, Iowa 50801		100.00	<input type="checkbox"/>
7-3-10	ID# CK#	John Schlaht 1204 North Vine Street Creston, Iowa 50801		50.00	<input type="checkbox"/>
7-6-10	ID# 6070 CK# 3990	Iowa LawPAC 625 East Court Avenue Des Moines, Iowa 50309		100.00	<input type="checkbox"/>
7-6-10	ID# CK#	Monica McCarthy 811 North Spruce Street Creston, Iowa 50801		25.00	<input type="checkbox"/>
7-6-10	ID# CK#	David Benson 1844 Luther Court Creston, Iowa 50801		100.00	<input type="checkbox"/>
7-6-10	ID# CK#	Marjorie Scurlock 204 North Sumner Avenue Creston, Iowa 50801		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 520.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6-14-10	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int.	\$.75	<input type="checkbox"/>
7-12-10	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int	.70	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1.45	
TOTAL (if last page of this schedule)				\$ 3,531.45	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6-29-10	ID# CK#	Adams Phillips 5661 Fleur Drive Des Moines, Iowa 50319	Reimbursement - Stamps	\$ 66.00
6-29-10	ID# CK#	Dos Rios 316 Court Avenue Des Moines, Iowa 50309	Fundraiser - Food	100.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 166.00
TOTAL (if last page of this schedule)				\$ 166.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6-29-10	House Truman Fund 5661 Fleur Drive Des Moines, Iowa 50321		Invitations and Postage	\$ 100.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 100.00	
TOTAL (if last page of this schedule)				\$ 100.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.